

DMV USE ONLY				
OL NUMBER				
NAME				

CORPORATE DECLARATION

		(Corporate Nam	ne) declares that	the following officers and/or
directors are the only corporate members who part entity in the State of California. A stockholder holding		ection, control a	nd management	of the affairs of the licensed
	TITLE			
NAME	OFFICER DIRECTOR		PRINCIPAL STOCKHOLDER	EFFECTIVE DATE
SECTION B — NON-PARTICIPATING OFFICER(S	5)			
following officers and/or directors do not participate the State of California; however, these officers and		control or mana	gement of the aff	
	TITLE			
NAME	OFFICER	DIRECTOR	PRINCIPAL STOCKHOLDER	EFFECTIVE DATE
I certify (or declare) under penalty of perjury und	ler the laws of tl	he State of Calif	ornia that the for	egoing is true and correct
I certify (or declare) under penalty of perjury und I further certify that I am the official custodian of t seal.			and have the auth	nority to affix the corporate
I further certify that I am the official custodian of t			and have the auth	



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LIMITED LIABILITY COMPANY/ASSOCIATION DECLARATION

SECTION A — ACTIVE PARTICIPATING MEMBER(5), MANAGEI	1(3), AND/OH APPOINT	LD OFFICEN(3)
the following Member(s), Manager(s), and/or Appointed Officer(s) are participating in the direction, control and management of the affairs	e the only Member(s), Ma	
NOTE: If the member or manager is a corporation, list the corpor manager, followed by the true full name of the officer appoint direction, control, and management of the affairs of this licensed	ed or authorized to repr	
TRUE FULL NAME/CORPORATE NAME	MEMBER, MANAGER, AN APPOINTED OFFICE	
SECTION B — NON-PARTICIPATING MEMBER(S), MANAGER(S	i), AND/OR APPOINTED	OFFICER(S)
that the names of the following Member(s), Manager(s), and/or App management of the affairs of the licensed entity in the State of Califor Officer(s) will remain on the structure of the corporation:	pointed Officer(s) do not p	
TRUE FULL NAME/CORPORATE NAME	MEMBER, MANAGER, AN	
certify (or declare) under penalty of perjury under the laws of the	ne State of California tha	at the foregoing is true and correct.
I further certify that I am the official custodian of the records of the seal.	nis corporation and have	the authority to affix the corporate
SIGNATURE	DATE	BUSINESS PHONE NUMBER